

[illegible]

100-443887-1000

# TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0



## Thermodynamic Simulated Annealing Schedule for Combinatorial Optimization Problems

First Named Inventor: Juan De Vicente

### SUBMITTED BY

Name: Juan Francisco De Vicente

Electronic Signature Mark: juan Date Signed: 20010713

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*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

bibd-transmittal	submissionjapds.xml
fee-transmittal	submissionjfee.xml
specification	especification.xml
declaration	declarationPage1.tif
declaration	declarationPage2.tif
declaration	SmallEntityStatus.tif

SmallEntityStatus.tif

[illegible]

Comments:

039204-010-02350

066204-04396

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	
	<b>First Named Inventor</b>	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THERMODYNAMIC SIMULATED ANNEALING SCHEDULE FOR COMBINATORIAL OPTIMIZATION PROBLEMS**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

10662043-0101

PTO/SB/01 (03-01)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label		28599		OR <input type="checkbox"/>		Correspondence address below	
Name JUAN FRANCISCO DE VICENTE ALBENDEA									
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				JUAN FRANCISCO					
Family Name or Surname				DE VICENTE					
Inventor's Signature						Date			
S.S. REYES						MADRID		SPAIN	
Residence: City				State		Country		Citizenship	
Mailing Address AV. PONTEVEDRA, 10 ESC. DCHA 2 <sup>a</sup> A									
City				State		ZIP		Country	
S.S. REYES				MADRID		28700		SPAIN	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature						Date			
Residence: City				State		Country		Citizenship	
Mailing Address									
City				State		ZIP		Country	

## Small entity status

### Written assertion

I have entitlement for small entity status.

Signature:



Juan Francisco de Vicente Albendea

0962043-071301

# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 355**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 5007  
Expiration Date: 20050201  
Authorized Name: Juan Fco. de Vicente  
Billing Address: 013

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 1	203	\$ 9	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0